

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024693

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3492

STATE FILE NUMBER

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Medical Certification

Frank Ellis

23a. Frank Ellis

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Millard B. Perkins

Licensed Embalmer No.

5013

P. O. Address

K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.